

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43747

State File No. ....

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 3073 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE MO</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>414 WRIGHT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 WRIGHT</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>ALLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13 1951</u>
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5. SEX <u>MD</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>DEC. 10-1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>	11. BIRTHPLACE (State or foreign country) <u>ST. MARKS MO</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>ADOLPH ALLEN</u>	13b. MOTHER'S MAIDEN NAME <u>ABBEY BODINE</u>	14. NAME OF HUSBAND OR WIFE <u>DOCIA ALLEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Throat-Neck</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Sep</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>April 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Sep</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949 to Dec 13, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Print name and title) <u>Docia Allen</u>	23b. ADDRESS <u>Chauffee Mo 12-555</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1951 DEC. 15</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW LORMIER</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17-51</u>	REGISTRAR'S SIGNATURE <u>Wm Fred Busby</u>	445	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Stubb</u>	ADDRESS <u>Chauffee Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 17 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 1251-2

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. J. Loberg \_\_\_\_\_

Licensed Embalmer No. 3810 \_\_\_\_\_

P. O. Address Cape Girardeau, Mo \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.